Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>5-9-02</u> 2 Serial/Patent # <u>09/848,520</u>					
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
	Filing				. \$
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal			7	\$
122	Petition	9		2-13-02	\$ 130
	Issue			·	\$
,	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
-	Assignment				\$
105	Other SULCHARGE	9		2-13-02	\$130
		7 TOTAL AMOUNT OF REFUND \$			\$ 260
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment		C	redit Dep	osit A/C #:
X	Duplicate Payment	,090435			
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: DOUGLAS WOOD TITLE: PCT ATTY					
SIGNATURE: PHONE: 508-6918_					
office: PET PION					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Clicia Hilly DATE: 97402					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B